



Governor's Council on Impaired & Dangerous Driving

One North Capitol - Suite 1000  
Indianapolis, Indiana 46204



Building Safe Communities  
One Life At A Time

(317) 232-2032

SHADED AREAS FOR COUNCIL USE ONLY

PROGRAM AREA PSP TASK PROJECT

FUNDING SOURCE:

402 410 State Other

DATE RECEIVED

DATE APPROVED

SAFE COMMUNITIES GRANT APPLICATION

1. PROJECT TITLE:	4. COMPLETE MAILING ADDRESS OF APPLICANT:
2. GOVERNMENTAL UNIT:	
3. APPLICANT:	
5. COUNTY:	6. FEDERAL IDENTIFICATION NUMBER:
7. GRANT APPLICATION TYPE: _____ INITIAL _____ CONTINUATION (IF SO, LIST GRANT NO.(S)):	
8. ANTICIPATED GRANT START-UP DATE (MO/DAY/YR):	APPROVED GRANT PERIOD (MO/DAY/YR): FROM: THROUGH:
9. IT IS UNDERSTOOD AND AGREED BY THE UNDERSIGNED THAT A GRANT RECEIVED AS A RESULT OF THIS APPLICATION IS SUBJECT TO THE REGULATIONS GOVERNING HIGHWAY SAFETY PROJECTS.	

A. PROJECT DIRECTOR

NAME (FIRST, MIDDLE INITIAL, LAST):	TITLE:	
SIGNATURE	TELEPHONE NUMBER:	DATE:

B. FINANCIAL OFFICER

NAME (FIRST, MIDDLE INITIAL, LAST):	TITLE:	
SIGNATURE	TELEPHONE NUMBER:	DATE:

C. AUTHORIZING OFFICIAL OF GOVERNMENTAL UNIT

NAME (FIRST, MIDDLE INITIAL, LAST):	TITLE:	
SIGNATURE	TELEPHONE NUMBER:	DATE:

D. APPROVAL (FOR COUNCIL USE ONLY)

SIGNATURE	DATE:	OBLIGATED FUNDS	
		FEDERAL	\$
		MATCH	\$
TITLE:		TOTAL	\$